

# Senator Lindsey O. Graham

United States Senate

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By providing the following information and signing this form, I hereby authorize the

appropriate agency to furnish the office of Senator Lindsey Graham information  
pertaining to my claim or request. This authorization is in accordance with the *Privacy  
Protection Act of 1974*.

appropriate  
pertaining  
Protection

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you. (If you need more space, please use the back of this form.)

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Those requesting assistance from Senator Graham should note that if they are represented by an attorney, the attorney should be advised that you have contacted our office. If represented by an attorney, please give the attorney's name:

**Please return to:**

Senator Lindsey Graham  
101 E. Washington St.  
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